

# Towards a framework for PHC Transition in Canada

**Carmel M Martin MD PhD MRCGP FRACGP FAFPHM**

Assoc. Professor of Family Medicine, Clinical Sciences, Northern  
Ontario School of Medicine

Adj. Professor, Indigenous Peoples' Health Research Centre,  
University of Saskatchewan

# Overview

- Brief History of Primary Health Care (PHC)
- Challenges for PHC Transition
- Why a PHC Transition framework?
- PHC Transition Fund (PHCTF) in Canada
- PHC - a complex system
- A PHC Transition Framework and policy-oriented economic evaluation

# Primary Health Care (PHC)

PHC – an aspirational concept, in 1978,\* integrated the existing strategy of Primary Care (PC) in developed countries, as a level of first contact services of the health system

into a broader approach of health development in communities and a vision for equity in population health.

\*World Health Organization Declaration of Alma Ata

# PHC

Almost 28 years post Alma Ata, most developed countries are struggling with the transition to PHC

- Health Sector 'improvement' a dominant model of cost containment
- Evidence accumulating that PHC oriented systems are more efficient and deliver better outcomes than other approaches

# PHC Revitalization

1. Synthesis of International Evidence
2. PAHO/WHO Declaration of Montevideo 2005.
3. Theories and operationalization of Complex Health Systems

**Why is PHC Transition  
problematic?**

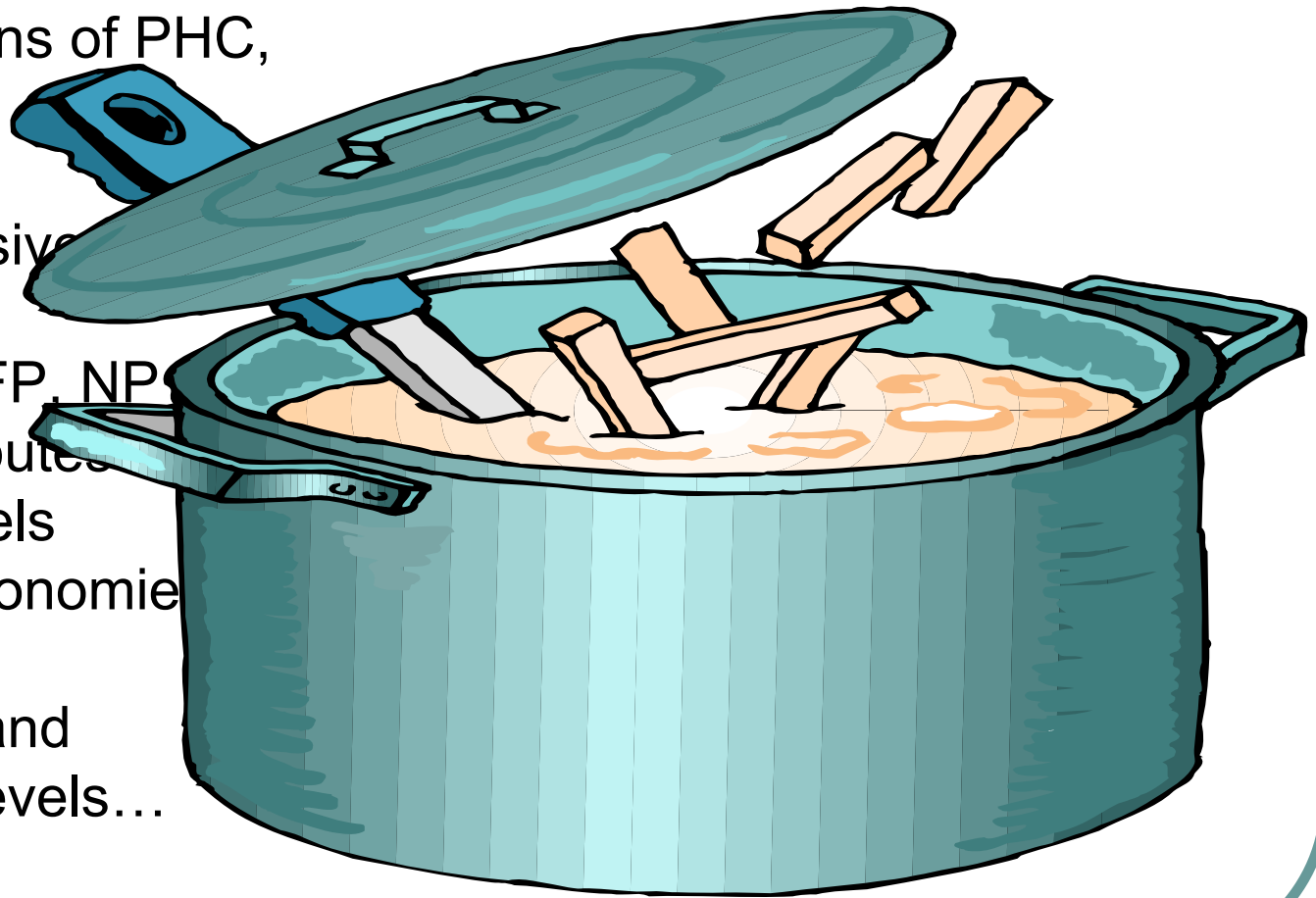
# PHC in Canada

A pan-Canadian agreed responsibility, not only, to ensure equitable access to comprehensive quality health services, but also *to strive for equity in health outcomes*.

Considerable variations among definitions of PHC in Provinces and Territories shape economic choices and responses to local and Federal health policy drivers.

# PHC Definitional Soup

>93 definitions of PHC,  
PC,  
Selective,  
Comprehensive  
PHC.....  
Complex ~ FP, NP  
Scope, attributes  
teams, models  
Different taxonomies  
personal,  
community and  
population levels...



# PHC is difficult to locate

- First contact level of Health System
- Approach to enhance capacity to adapt to changing economic, political, cultural and societal conditions and local health needs, and to influence these to improve health
- Address or buffer numerous influences in health systems and society that are not oriented to health.

# The need for a PHC Transition framework

- To reduce health inequity for **all** Canadians, First Nations, Metis and Inuit people
- For an aspirational vision for evolution of Canadian health systems after FMM2000
- To hold society, governments, decision-makers & providers accountable for health development
- To facilitate research and evaluation across jurisdictions to promote equity and quality.

# A proposed framework for PHC Transition in Canada

- Build upon the values of the Alma Ata and the Montevideo Declarations
- Governing principles of Canadian Health System Renewal - equity, quality, sustainability, effectiveness, efficiency, aboriginal rights (FMM, 2000)
- Recognize PHC is delivered in a complex, adaptive system with multiple organizational levels

# Transition Goals\* for PHC

- Optimize Health - reducing inequities in health status, enhancing people's capacity to manage illness; ability to participate in their health care.
- Address local needs - meeting first contact service requirements & community development with strengthened services, networks and teams.
- Health promotion – across levels of determinants.
- Horizontal as well as vertical integration.
- Complex adaptive system able to respond to local as well other levels of needs including fiscal, workforce & policy levers in health and beyond.

\*National health system challenges, 2003 Health Canada

# Fundamental themes of systems philosophy

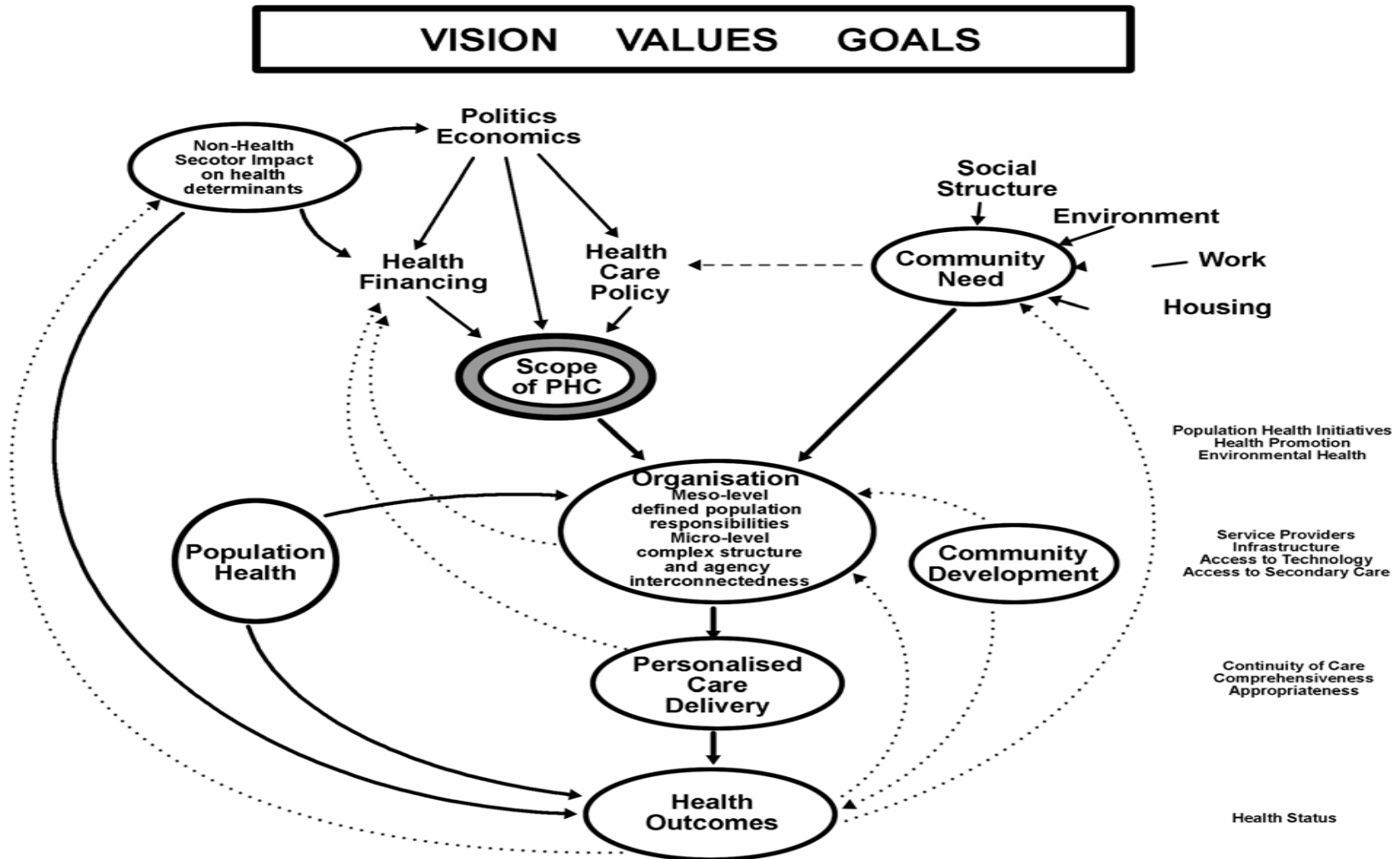
*'at each level of complexity we encounter systems that are integrated, self-organizing wholes consisting of smaller parts and, at the same time, acting as parts of larger wholes; order at one systems level is the consequence of self-organization at a larger level'*

*Frijtof Capra*

# A proposed framework for PHC Transition in Canada

- A PHC *system* is the interconnecting of PHC *organizations* that have the responsibility for providing services to a defined population. This system would include PHC *organizations* from a number of different PHC models.

# PHC System



*Organizational  
Systems*

***SIMPLE OR  
COMPLICATED***

***COMPLEX KNOWLEDGE TYPES  
(PLURALISM)***

***Features***

***Knowledge Systems***

Known and knowable  
Legitimate best  
practice/predictable

Understandable, non-predictable, can  
contain known and knowable subsystems

***Methodological  
Approaches***

Reductionism/analysis

Holism/synthesis/complex models

***Historicity of System***

Classical economics ignores  
historical evidence as  
systems always tend to  
equilibrium

History contains meaning of change and  
systems evolve in part based on where  
they have been

***System Evaluation  
Approaches***

Measures of efficiency, fit  
and best practice

Functioning of relationships & feedback  
loops (+ve –ve) around a vision and  
participation

Linear inputs, process,  
outputs, outcomes

Patterns , structure, process

***Implementation  
framework***

**PRESCRIPTIVE**

**ADAPTIVE**

**STANDARDIZATION**

**CUSTOMIZATION**

# A PHC Transition Framework - policy-oriented economic evaluation

## Vision, values & system framework for

- Feedback to adjust policy and practice
- Inputs to service resources, workforce, skill-mix & distribution in PHC system/population
- Meeting goals of health outcomes and development for a PHC system/population
- The efficiency of dynamic complex models and organizations for a system/population